PTO/SB/17 (12-04v2)

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persons are required to respond to a collection of information unless it displays a valid OMB control number Under the Panerw Effective on 12/0 Complete if Known foriations Act, 2005 (H.R. 4818). Fees pursuant to the Co 10/004,958 **Application Number** TRANSMITTA Filing Date December 04, 2001 For FY 2005 First Named Inventor **SHANKAR Examiner Name** Ngo, Chuong D. Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2124 TOTAL AMOUNT OF PAYMENT 1005.00 Attorney Docket No. 6818-28 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Name: AKERMAN SENTERFITT Deposit Account Deposit Account Number: 50-0951 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** EXAMINATION FEES SEARCH FEES Small Entity **Small Entity Small Entity** Fees Paid (\$) Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 500 200 150 250 100 200 130 100 100 65 Design 50 200 160 Plant 100 300 150 80 300 600 Reissue 150 500 250 300 200 100 n 0 O Provisional 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims Multiple Dependent Claims **Total Claims Extra Claims** Fee (\$) Fee Paid (\$) Fee (\$) Fee Paid (\$) - 20 or HP = HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = 100 100,00 HP = highest number of independent claims paid for, if greater than 3. **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) **Extra Sheets** Total Sheets / 50 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) 905.00 Other (e.g., late filing surcharge): Request for Continued Examination & 3-Month Petition For Extension SUBMITTED BY

Registration No. 47,652 Telephone 561-653-5000 Signature (Attomey/Agent) Date November 14, 2005 Name (Print/Type) Richard A. Hinson

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

TRADEMART	RANSMITTAL FORM	no persons are required to Application Filing Date First Name Art Unit Examiner N	to respond to a col	Patent and Trillection of info 10/004,958 December SHANKAR 2124	ademark Office; l ormation unless it 04, 2001	PTO/SB/21 (09-04) through 07/31/2006. OMB 0651-0031 J.S. DEPARTMENT OF COMMERCE displays a valid OMB control number.	
(to be used for all correspondence after initial filing) Total Number of Pages in This Submission		filing)	ocket Number	Ngo, Chuong D. 6818-28			
		ENCLOSURES	(Check all	that apply)		
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Change of Co Terminal Disc Request for R CD, Number of	nvert to a pplication rney, Revocatio prespondence A claimer Refund	Address	Appea of App Appea (Appea (Appea) Status Other below Request for	I Communication to Board eals and Interferences I Communication to TC of Notice, Brief, Reply Brief) etary Information Letter Enclosure(s) (please Identify): Continued Examination (RCE) Postcard Receipt	
	SIGNA	TURE OF APPLIC	ANT, ATTO	RNEY, O	R AGENT		
Firm Name Signature	AKERMAN SENTERFITT						
Printed name	Richard A. Hinson						
Date	November 14, 2005			Reg. No.	g. No. 47,652		
I hereby certify the sufficient postage the date shown be signature	nat this correspondence is be as first class mail in an en	eing facsimile transmitt velope addressed to: C	ted to the USPT commissioner for	O or depos	ited with the Un	ited States Postal Service with Alexandria, VA 22313-1450 on	
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